

FEE TRANSMITTAL

Complete if known

Application Number: 10/653,693

Filing Date: August 30, 2003

First Named Inventor: Volpa

Group Art Unit: 2624

Examiner Name: Lu, Tom Y.

Total Amt. of Payment: (1)+(2)+(3)= **\$670**

Attorney Docket Number: 0412-P03261US0

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																					
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		ADDITIONAL FEES Fee Description Fee Paid Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within first month _____ 60 Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned appl. _____ Petition to revive unintentionally abandoned appl. _____ Issue fee _____ Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) _____ SUBTOTAL (3) <u>\$60</u>																					
FEE CALCULATION 1. FILING FEE Fee Fee Description _____ Utility filing fee _____ Design filing fee _____ Plant filing fee _____ Reissue filing fee _____ SUBTOTAL (1) <u>\$0</u>																							
2. Claims <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Paid</th> <th style="text-align: center;">Extra</th> <th style="text-align: center;">Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">60</td> <td style="text-align: center;">-44</td> <td style="text-align: center;">= 16 x 25 = 400</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">5</td> <td style="text-align: center;">-3</td> <td style="text-align: center;">= 2 x 105 = 210</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td colspan="3"></td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">SUBTOTAL (2) <u>\$610</u></td> </tr> </tbody> </table>					Paid	Extra	Fee	Total Claims	60	-44	= 16 x 25 = 400	Independent Claims	5	-3	= 2 x 105 = 210	Multiple Dependent (First presentation)					SUBTOTAL (2) <u>\$610</u>		
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Submitted By: Stephen H. Eland _____

Reg. Number 41,010

Signature /Stephen Eland/

Date July 14, 2008

Deposit Account User ID
04-1406